

**ADOPT**

# LAW ENFORCEMENT CONTACT REPORT

THIS FORM MAY BE USED TO REPORT INCIDENTS AS REQUIRED BY HEALTH AND SAFETY CODE SECTION 1538.7. A SEPARATE UNUSUAL INCIDENT REPORT DOES NOT NEED TO BE SUBMITTED IF ALL REQUIRED INFORMATION IS PROVIDED.

**INSTRUCTIONS:** NOTIFY LICENSING AGENCY, PLACEMENT AGENCY AND AUTHORIZED REPRESENTATIVE, IF ANY, BY NEXT BUSINESS DAY.

SUBMIT PART 1 OF THIS REPORT WITHIN 7 DAYS OF OCCURRENCE.

SUBMIT PART 2 OF THIS REPORT WITHIN 6 MONTHS OF OCCURRENCE. PART 2 MAY BE SUBMITTED SOONER THAN 6 MONTHS, INCLUDING CONCURRENTLY WITH THE INITIAL REPORT, IF ALL OUTCOMES RESULTING FROM THE INCIDENT ARE KNOWN.

## PART 1

- Group Home   
  STRTP   
  Community Treatment Facility   
  Transitional Housing Placement Provider   
  Runaway and Homeless Youth Shelter

Licensed Capacity: \_\_\_\_\_

Current Census: \_\_\_\_\_

NAME OF FACILITY (as appears on license)	FACILITY LICENSE NUMBER
ADDRESS	TELEPHONE NUMBER
COUNTY, CITY, STATE, ZIP	DATE OF INCIDENT

**TYPE OF INCIDENT** (check all that apply)

**Aggressive Act:**

- Client to Client     Staff to Client  
 Client to Other     Unknown  
 Client to Staff     Other to Client

**Other:**

- Behavior Episode     Psychological  
 Substance Abuse     Property Damage  
 Unauthorized Absence (AWOL)     Non-physical Aggression  
 Harm To Self     Theft  
 Other: \_\_\_\_\_

**Alleged Client Abuse:**

- Sexual  
 Physical  
 Psychological  
 Financial  
 Neglect

CHILD INVOLVED	TYPE OF PLACEMENT	AGE	GENDER	DATE OF ADMISSION
	Choose One		Choose One	
	Choose One		Choose One	
	Choose One		Choose One	
	Choose One		Choose One	

AGENCIES / INDIVIDUALS NOTIFIED	NAME	PHONE
LICENSING		
LAW ENFORCEMENT		
PLACEMENT AGENCY		
AUTHORIZED REPRESENTATIVE		

IF A POLICE REPORT WAS FILED, PROVIDE NUMBER IF KNOWN (Optional) \_\_\_\_\_

**WERE DE-ESCALATION TECHNIQUES USED PRIOR TO CONTACTING LAW ENFORCEMENT?**  YES  NO

IF YES, EXPLAIN THE TECHNIQUES THAT WERE USED. IF NO, EXPLAIN WHY NOT.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**PART 2**

NAME OF FACILITY (as appears on license) \_\_\_\_\_ DATE OF INCIDENT \_\_\_\_\_ DATE OF FOLLOW-UP \_\_\_\_\_

WAS ANY CHILD RESIDING IN THE FACILITY ALLEGED TO HAVE COMMITTED A CRIME:  YES  NO

LIST ANY CHILD INVOLVED (WHETHER OR NOT ALLEGED TO HAVE COMMITTED A CRIME), INCLUDE CHILD(REN) FROM ORIGINAL INCIDENT (PART 1):

NAME	GENDER	RACE*	ETHNICITY*	AGE
_____	Other	Unknown	Choose One	_____
_____	Other	Unknown	Choose One	_____
_____	Other	Unknown	Choose One	_____
_____	Other	Unknown	Choose One	_____

\*See last page for instructions on Race/Ethnicity

(Continue listing on separate sheet if necessary.)

**LIST ANY STAFF INVOLVED:**

NAME	POSITION
_____	_____
_____	_____
_____	_____
_____	_____

(If no staff were involved, enter "N/A" above.)

(Continue listing on separate sheet if necessary.)

**WHO INITIATED CONTACT WITH LAW ENFORCEMENT? (Optional):**

STAFF     OTHER YOUTH     NEIGHBOR     OTHER \_\_\_\_\_     UNKNOWN

**TYPE OF OUTCOME (check all that apply)**

- 5150
- Arrest(s) Made
- Child Removed from Placement
- Counseled by Law Enforcement
- Juvenile Hall
- Detained by Law Enforcement
- Mental Health Evaluation
- Other \_\_\_\_\_
- Returned to Facility
- Unknown
- Staff Disciplined

(If any boxes above are checked, explain briefly here and include any additional information. Attach additional sheets as needed.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Prepared by:	NAME/TITLE	DATE
Reviewed/Approved by:	NAME/TITLE	DATE

**ABOUT THE LIC 624-LE**

**THE LAW:** *In accordance with section 1538.7(a) of the Health and Safety Code, "A group home, transitional housing placement provider, community treatment facility, runaway and homeless youth shelter, or short-term residential therapeutic program shall report to the department's Community Care Licensing Division upon the occurrence of any incident concerning a child in the facility involving contact with law enforcement." Within six months of the incident, the facility must "provide a follow-up report for each incident, including the type of incident, whether the incident involved an alleged violation of any crime described in Section 602 of the Welfare and Institutions Code by a child residing in the facility; whether staff, children, or both were involved; the gender, race, ethnicity, and age of children involved; and the outcomes, including arrests, removals of children from placement, or termination or suspension of staff."*

*Crimes described in Section 602 of the Welfare and Institutions Code are "any law of this state or of the United States or any ordinance of any city or county of this state defining crime other than an ordinance establishing a curfew based solely on age."*

**AFFECTED FACILITIES:** *Group Homes, Community Treatment Facilities, Transitional Housing Placement Providers, Runaway and Homeless Youth Shelters, and Short-Term Residential Therapeutic Programs must make reports under the law.*

**HOW, WHAT AND WHEN TO REPORT:** *Affected facilities may (but are not required to) use the LIC 624-LE to report incidents under the law. If a facility uses another method to report an incident, that method must capture all of the information specified by Health and Safety Code section 1538.7(a), and must be submitted within the time allowed by the law. A facility must submit a report on every incident which involves a law enforcement contact, whether or not any child is alleged to have committed a crime. The follow-up report for an incident must be filed within six months, but may be filed sooner (including concurrently with the initial report) provided all outcomes resulting from the incident are known.*

**\*RACE AND ETHNICITY.** *One of the following races must be selected for each child listed in Part 2 of this form: White, Black, Native American, Asian/Pacific Islander, Other, or Unknown. One of the following ethnicities must be selected for each child listed in Part 2 of this form: Hispanic, Non-Hispanic or Unknown.*